

PTO/SB/21 (05-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/800,435	
	Filing Date	March 5, 2001	
	First Named Inventor	Stephen R. Quake	
	Art Unit	1631	
	Examiner Name	Mary K. Zeman	
Total Number of Pages in This Submission (including this Transmittal Form)	-5-	Attorney Docket Number	03153/100G765-US1

ENCLOSURES (check all that apply)

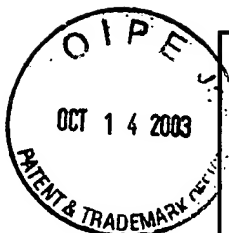
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (2 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Certificate of Express Mailing Under 37 C.F.R. 1.10 (1 page); and• Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	DARBY & DARBY P.C. Samuel S. Woodley, Ph.D., Reg. No. 43,287
Signature	
Date	October 7, 2003

Express Mail Label No. _____

Dated: _____



Application No. 09/800,435

Attorney Docket No.: 03153/100G765-US1

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I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. 982103176-US in an envelope addressed to:

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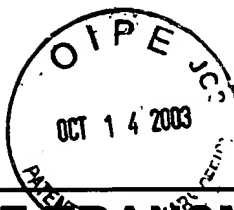
on October 14, 2003
Date

Signature

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- (1) Transmittal Form (1 page);
- (2) Fee Transmittal for FY 2004 (1 page);
- (3) Response to Restriction Requirement Under 37 C.F.R. 1.142 and 1.143 (2 pages); and
- (4) Return Receipt postcard.



Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/800,435	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 5, 2001	
		First Named Inventor	Stephen R. Quake	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Examiner Name	Mary K. Zeman
		Attorney Docket No.	03153/100G765-US1	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None		3. ADDITIONAL FEES		
<input type="checkbox"/> Deposit Account: Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
1001 770 2001 385 Utility filing fee				
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims -20** =		Extra Claims Fee from below		
Independent Claims -3** =		Fee Paid		
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		(Complete (if applicable))		
Name (Print/Type) Samuel S. Woodley, Ph.D.		Registration No. (Attorney/Agent) 43,287		
Signature Samuel S. Woodley		Telephone (212) 527-7610		
		Date October 14, 2003		
Express Mail Label No. _____ Dated: _____				